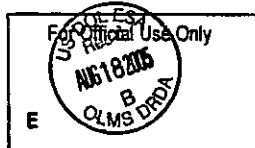


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9936</u>	2 Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>ROBERT A BURCH</u> P O Box Bldg Room No if any _____ Street <u>907 JAMESET ST.</u> City <u>NEW LENOX</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60451</u>	4 Name file number and address of labor organization Name <u>ROOFERS AND WATER PROOFERS</u> Labor Organization File Number <u>018-962</u> P O Box, Building and Room Number if any _____ Street <u>9838 W ROOSEVELT RD</u> City <u>WESTCHESTER</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60154</u>
5 Position in labor organization <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>8-11-05</u> Date	<u>708 345-0970</u> Telephone Number

I HAVE ATTEMPTED IN GOOD FAITH IN FILING ANY TRANSACTION OR ARRANGEMENT THAT IS REQUIRED FOR FILING A LM-30 REPORT AS I DON'T HAVE ACCURATE RECORDS OF SUCH OCCURENCES, SOME ITEMS MAY UNINTENTIONALLY BE OMITTED FROM THIS REPORT ALTHOUGH I AM CONFIDENT OF WHAT I BELIEVE IS ACCURATE AND WHAT I AM REPORTING IS, NO SUCH TRANSACTIONS OVER \$25.00 WERE ACCEPTED ON MY BEHALF FOR THE PERIOD OF 1-1-04-12-31-04.

Handwritten signature